## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

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MERCHANT & GOULD PC P.O. BOX 2903 MINNEAPOLIS, MN 55402-0903				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Depositor's name)
				N/A		(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/591,647 TITLE OF INVENTION	06/02/2007 N: OPTICAL FIBER PLU	IG CONNECTOR	Hans- Joachim Faika		02316.2430USWO	2987
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/01/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
LAM, HUNG Q		2883	385-059000	_		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has bee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  ADC GmbH  Berlin, Germany						ocument has been filed for
Please check the appropr	riate assignee category or	categories (will not be pr	inted on the patent):	Individual 🛭 Co	rporation or other private gre	oup entity Government
<ul> <li>☑ Issue Fee</li> <li>☑ Publication Fee (No small entity discount permitted)</li> <li>☑ Advance Order - # of Copies4</li> </ul>			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. FANALYTONIONALANAMAN  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
_ ` .	ntus (from status indicated as SMALL ENTITY statu		☐ b. Applicant is no lo	nger claiming SMAI	L ENTITY status. See 37 C	FR 1.27(g)(2).
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